

THE TREATMENT OF  
SECONDARY SYPHILIS.



BY

J. L. MILTON.



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## ON THE TREATMENT OF SECONDARY SYPHILIS.

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UNDER the head of secondary syphilis, I propose comprising—merely, however, for the purpose of treatment—all forms of infection following upon chancre; from the wasting, lassitude, and glandular swellings which usher in the coming mischief, up to the latest stage of tertiary ulceration, or syphilitic disease of the internal organs or nervous centres. The reason for thus agglomerating symptoms so widely differing from each other in character and date, the treatment of the last phase of which is supposed by so many excellent authorities to be fundamentally distinct from the first, will be seen further on.

I am not going here to re-open the old question about the superiority of simple over mercurial treatment, or of the latter over the former. After all that has been written, the dispute seems in much the same state as ever. The latest combatants who have appeared on the stage come forward, each in support of his own cause, as confident, as well supported by facts and cases, as any of his predecessors. This ever-recurring, endless conflict of opinion seems so entirely independent of the merits or demerits of the point at issue, and so entirely dependent on a cause quite beyond our control—the in-born constitution of the human mind—that I should consider it waste of time to examine arguments controverted only to start into life with renovated vigour. In a systematic work, it would doubtless be the author's duty to do so, however fruitless and unprofitable he might consider the task; but in a paper intended to be strictly practical, any endeavour to reconcile such conflicting opinions as, that the worst symptoms of syphilis are never seen except when mercury has been given, and that equally bad cases are met with in persons who have never taken a grain of mercury or used it in any form—that mercury is a poison here, as maintained by Mr Syne and many others, and the sole antidote, as taught by numbers of excellent surgeons,—would be quite out of place.

Neither will I attempt to state all the reasons which gradually led me to abandon the known methods of treatment, and to sub-

stitute that which I propose to describe here. The observations on which this system is based extend over many years of trial; during the last four or five years it has been incessantly in force, except during the periods when I was absent from work; great part of it would consist but of a long history of failures and disasters, of slight successes and frequent disappointments, which, though important enough perhaps at the time of trial, would be equally wearisome to recount and to read. I think, therefore, that it will be better to restrict myself to stating the conclusions arrived at.

The first is, that beyond all question, a great many persons get well without taking any mercury at all. So far, I think, the opponents of this drug are right. Very possibly these persons would have been cured more quickly and effectually if mercury had been given, but the fact that they get well without it—so far, at any rate, as visible symptoms are concerned—cannot be doubted. Besides, I entirely question the utility of mercury here. The patients of whom I speak are usually careless and refractory, often dissipated. They have so far done nothing for their complaint, and, most probably, would do nothing for it in the only way likely to be of service. For a short time, perhaps, impelled by the fear or suffering which some new and threatening symptom has brought on, they may conform with tolerable regularity to the rules laid down by the surgeon; but with the first feeling of relief these good resolutions vanish, and they return to their old courses as surely as the comet returns towards the sun: sometimes, indeed, recovering by the aid of a good constitution, fresh air, and high feeding; oftener, perhaps, breaking down in the long-run from the combined effects of syphilis and debauchery; or, perhaps, disappearing from our view, so that we cannot trace their course for good or for evil.

To give mercury for such a case means simply to add to the mischief, to damage the reputation of the drug and of the practitioner who prescribes it. There is scarcely any fact better established in medicine than that mercury, to be of any service, must be taken systematically; and that is one of the last things that a patient of this class is likely to do. The surgeon may as well suffer him to go his own road; for go it he will, whether he be preached to or not. We may put down in the same category with these persons all those who have a great horror of mercury, who believe they cannot take it, who make a point of controverting every rule of treatment, or who cannot be depended on as respects their habits. They may, one and all, be eliminated from the class of cases to be treated by means of mercury. The surgeon who tries to use it here will find that it is a two-edged sword, with one edge a great deal sharper than the other; the patient will blame the mercury for everything that goes amiss, and he will reap nothing but vexation for his pains.

Again, there are many cases which do extremely well on iodide of potassium. On this head there is ample evidence, and I have

observed cases which might satisfy the most incredulous. Not merely do the symptoms disappear under the gentle operation of this medicine—not merely does secondary syphilis, thus treated, vanish without bringing in its wake the dreaded tertiary symptoms—but years afterwards I have examined such patients, and failed to find any trace of a relapse, or any prospect that one would occur.

If at the outset we could unfailingly diagnose these cases, I do not know that it would be necessary to treat them with mercury; probably it would be quite as well not to give it at all. I see no evidence that mercurial treatment is here in any way superior to that of iodide of potassium; it may be equal to it, but that is a different matter. The mercury can only cure after all, and that the iodide seems to do. But it is only too certain that we cannot at the beginning isolate these cases from those not amenable to the potassium, and that a very large proportion of the cases treated with the latter salt run anything but a favourable course. When this is the case, too, no increase of the dose, no degree of perseverance in the use of the remedy, however valuable such steps may be in the tertiary stage, will avail to remove secondary disease refractory to moderate quantities. I do not understand how any one can maintain that it always yields here to the iodide. My experience runs directly counter to such a statement. It might, indeed, be said that cases which do not disappear under the action of the potassium, resist mercury quite as obstinately. With a certain reservation, there is a good deal of truth in this view, and it is the worst of these cases that so often try the surgeon's resources when treating them with mercury.

I will now suppose that the process of elimination has been pursued far enough, and that we have simply to deal with the cases which remain—that is to say, with all those which we are not warranted in considering as likely to yield to time, to simple treatment, or to iodide of potassium. I suppose I am only endorsing the common-sense view of the profession, when I say that there remains for these no remedy but mercury. The reader is to remember that I am speaking here strictly of cases which hold out no promise of getting well under any other system, where the expectant method has been tried and found utterly wanting. Whether the surgeon will err on what he thinks the side of safety, and decide to look upon all cases of syphilis as, *ab initio*, fraught with mischief, is a question I reserve for consideration further on. Paracelsus said, No man knew the amount of vice there might be in an ass; and there can be no doubt that many excellent surgeons have, in the course of their practice, learned to look upon syphilis from much the same point of view, and to distrust it as much in the mildest form as in the most severe.

What the surgeon can do with these cases unless he gives mercury, I am quite at a loss to know. I therefore refrain from



entering upon any fruitless discussion, and proceed upon the assumption that he has decided to try the great antidote, about which I am desirous of making some preliminary remarks, for which I ask the reader's particular attention, as they run quite counter to the views held by some eminent observers.

The first remark is, that if mercury is really to be used for the cure of these cases, it must be carried to the extent of producing a thorough effect upon the system. I do not believe a worse principle than that of simply giving mercury till the present symptoms have disappeared—of stopping short on the first appearance of any slight sign of soreness of the gums—was ever laid down. It is no wonder that some of those who treat syphilis by this "extinction" plan, should find it often recur, and, indeed, come to look upon syphilis as nearly, if not quite, a hopeless affair. No system that I have seen put in force seems better calculated to make the disease incurable, and M. Simon had M. Ricord fairly on the hip when he taxed him with the shortcomings of his treatment. In my opinion, the disease must be thoroughly subdued before any attempt is made even to reduce the amount of mercury, much less to leave it off altogether. Any half measures here are only likely to be as mischievous as semi-extirpation in scirrhus. "The back" of the disease "must be" thoroughly "broken," or it will be better for both patient and surgeon that mercury should not be meddled with.

Supposing, then, that the surgeon has decided to try mercury, the next great question is, What mode of using it should be resorted to? For my own part, I have no hesitation in saying at once that it should be employed externally—at any rate, so far as the chief effect to be expected from it is concerned. As an adjuvant to the external use of mercury, I not only never hesitate to give this drug by the mouth, but, on the contrary, invariably recommend it; but nothing would induce me to trust to it as the sheet-anchor. The most careful and judicious administration of it in this way is only too apt to be followed by most serious results, by irreparable mischief. Just enough blue pill to make the gums slightly sore, will, in some constitutions, cause the uvula to slough right off, or a piece of the jaw to exfoliate—will bring on alarming and persistent bleeding from the bowels, or an amount of prostration which compels the practitioner to give up the remedy at the very time when it is most necessary to go on with it. Granted that such accidents occur but rarely when there is a reasonable amount of prudence on both sides, it must still be admitted that they do happen at times. There are men who deny that anything of the kind ever occurs in their practice; the answer is, either that they cannot have had much practice in syphilis, or that they have not followed the cases up.

The opponents of mercury say that the worst results of syphilis are only seen when mercury has been given; and there can be little

doubt that the effects of mercury given by the mouth are calculated to lend effect to the statement. Unquestionably the statement itself is exaggerated. There is ample evidence that symptoms of the worst class, especially in the form of phagedæna and sloughing, are seen when no mercury has been taken; but they are exceptions, and, as a rule, I believe the charge here holds good, and most so of all when the drug has been taken by the mouth. In my own practice, all the worst cases that I have seen were instances of this. Many of them would, no doubt, have been very bad under any treatment; they would, perhaps, have run much the same course had mercury been used externally, or possibly had it not been given at all; the use of the drug may have been only one of many causes contributing to the exacerbation of the disease; but the conclusion that its use lent a fearful impetus to the mischief seems irresistible.

Of the two remaining modes, that by friction and that by vapour-bath, I have only to say, with respect to the former, that however well suited it may be thought to a Lock Hospital, or a desperate case in private life, the recommendation to use it generally in practice must ever prove inoperative, for the simple reason that patients will, as a rule, reject it. Now and then, a man who has nothing to do may be found willing to go through a course of friction; or a person afflicted with syphilophobia may hail the proposal to do so with delight; but nineteen times out of twenty the patient will have nothing to say to it. He knows, when the matter is explained to him, that such a proceeding brings with it dirt, confinement, exposure, and discomfort, and he will rather risk the chances of a milder system. The surgeon knows that behind this lurk still more serious evils—eczema, crethism, intractable salivation—and consequently does not often exhibit any violent enthusiasm for a plan which may bring all these symptoms in its train, and may not bring relief.

Yet if it is to do good, these evils must be faced. Using inunction so gently as to steer wide of all chance of acting on the mouth, is, in my judgment, worse than useless. The present symptoms may be removed, but the disposition to still more serious outbreaks is rather exasperated than alleviated, and I fancy there are few men of experience who, when they get the chance of taking the patient in hand for a radical cure, would not much rather have a case where no mercury had been used, than one where it had been tampered with in this way.

We have now to deal with the vapour-bath, so far the cleanliest and least objectionable of all the modes of administering mercury. Its curative power is perhaps as great as that of inunction. There may be instances where a sharp salivation set up by the latter will do good where the bath has failed. Such cases have been related, but I am disposed to consider them as very rare, and to think that the chances of cure by the bath and by friction are pretty nearly balanced.

I do not wish to say one word in depreciation of Mr Lee's labours; on the contrary, I hold them in too high estimation for that; but I think their value would be greatly enhanced if they were made to comprise an accurate estimate of the relative proportion of failures to successes; and if we could gather, from reading the accounts, a clue to the cases in which vapour is likely to effect a radical cure, as distinguished from those in which it will only relieve the present symptoms. I think it is quite time that this question was stirred up. Mr Lee has done so much that is likely to survive all cavil, that he can well afford to have the subject cross-examined; and when this is done, I think it will result in the conclusion that, though the lamp-bath is the greatest improvement of modern days, yet that it still leaves much to be done. It does not get over the objections made to all systems of administering mercury. It sometimes fails; formidable symptoms, showing that it is not mastering the hold which syphilis has got upon the constitution—such as single, and even double, iritis—will appear when the patient is thoroughly under the influence of the bath; and when both these contingencies are averted, and all present symptoms disappear without any untoward occurrence, it still leaves the disposition to relapse untouched. The tendency to return on the first occasion will often resist the most persevering use of calomel vapour. I have pushed the baths to as great a pitch as the constitution seemed capable of bearing. I have continued them up to within a week of marriage, and yet have seen the first child born decidedly syphilitic.

When Mr Lee first announced the very decided success which had followed his trials with the vapour of calomel and water, I not only tried his plan extensively, but had a bath fitted up at the hospital, where I could study the effects of these remedies under my own eyes and on a large scale. But, however gently I used the vapour, or however far I pushed it, one result invariably cropped up. There was a certain percentage of failures. I then tried the addition of a small quantity of mercury, and afterwards of small doses of iodide of potassium, but with no better success. Chance led me to make trial at last of the Zittmann decoction, and with such surprising results, that I have since gradually extended the employment of it to every case and form of syphilis; combining it, however, with the iodide of potassium and mercury, and the employment of the vapour-bath, in the following manner:—

The patient is first of all put through a course of iodide of potassium and perchloride of mercury. By combining these in the same mixture, red iodide of mercury is given in a form of extreme diffusion and freshly made, conditions which enable the stomach to bear it so well that I have never yet known the mixture disagree. I would most strongly advise that, at the outset, the dose should be very small, not more than two or three grains of the potassium, and from the thirtieth up to the twentieth of a grain of



the perchloride. Nothing can militate more effectually against the success of the treatment than to risk setting up irritation by giving the remedies too freely at first, or even by raising the strength of them too rapidly at any time. The object in view is effectually defeated so soon as ever symptoms of iodic poisoning begin. There is no choice but to entirely abandon the medicine for some days, perhaps weeks, but certainly until the symptoms have quite abated. At the same time, every precaution should be taken to prevent such a result arising from the doses really necessary to produce an effect upon the disease, and in practice I believe nothing answers better than to combine them with bitters and aromatics. The choice of these may be safely left to the practitioner; it is not, perhaps, of much moment, so long as the medicine is made to sit well on the stomach, and rendered palatable, but it is of great importance that those two objects should be effected, as otherwise great difficulty may be experienced in continuing a medicine which nauseates the patient at the time of taking it, and disagrees with him afterwards. I generally use the tincture of chirata with syrup of orange-peel or ginger, and cardamoms, as a vehicle; but my readers will be as well versed in such matters as I am.

At one time I conjoined those medicines with sarsaparilla; it is not likely now that I shall ever commit such a mistake again. I have used pretty well every preparation of sarsaparilla I could hear of, and long ago came to the conclusion that it was waste of time and money to employ it, except in doses too bulky and nauseous for general use; that is to say, in large quantities of the warm decoction. I have frequently prescribed the concentrated decoction in doses equivalent to twelve or eighteen ounces of the ordinary decoction, daily, for a long time together, without the patient deriving the least benefit from it.

But all precautions that I have seen put in force, for the purpose of enabling the stomach to bear the potassium and mercury, fail more or less frequently unless aperients are combined with them, and the patient is restricted to a proper diet. As to the aperient, I believe it is essential that it should consist of two chief ingredients—a pill to be taken overnight, and a draught for morning use. I have repeatedly tried both separately, and have failed quite often enough with both to deter me from any repetition of the experiment. The pill may consist of colocynth, blue pill, and hyoseyanus; or a mixture of rhubarb, soap, and jalap; a sedative or aromatic, sufficiently potent to obviate griping, is an essential feature in its composition. Naturally enough, I do not mean to say that the choice of the practitioner is to be restricted to these ingredients; he will have to select according to the constitution of the patient, and the present state of that patient's health.

For the morning draught, I would recommend salts and senna; but under that name I understand something very different from

the compound usually taken, or the black draught of the Pharmacopœia; both of which, however well adapted to the ordinary emergencies of practice, are unsuitable here, the quantity of sulphate of magnesia being far too large. A small black draught usually contains quite two drachms, and when the medicine is made at home, much more is generally taken, causing an unnecessary amount of griping, without any equivalent good. About a drachm is generally quite sufficient, and many persons, especially women, do not require so much. On the other hand, the quantity of senna must be increased. It is not easy to speak with exactitude, some people being so much more easily affected by this drug than others, but generally quite a drachm is required, often more. The taste, when objected to, is easily covered by the admixture of liquorice, which also serves to facilitate the operation of the medicine. To the addition of the tincture of cardamoms I see no objection, but it is not required here as a carminative, because there is little, if any, griping set up by the medicine.

The draught should always be freshly made, and be taken in as dilute a form as possible. I advise the patient, when it is practicable, to make the medicine at home each time that it is required. The proper amount of salts, senna, and liquorice, made up in a packet, is kept ready. When the draught is wanted this is placed in a jug, a breakfast-cupful of boiling water is poured upon it, the mixture is briskly stirred to dissolve the sulphate, and as far as possible the liquorice; it is then closely covered up, and next morning strained off and drunk. The more dilute the form in which it is taken, the more certainly and gently does it act. If the patient object to diluting it before swallowing, he can do so after, by drinking half a tumbler of cold water; or, what is better, a large cup of hot weak tea so soon as he has sufficiently recovered from the fatigue of getting the draught down. As for any substitutes in the shape of tincture of senna, syrup of senna, etc., I have simply to remark that I never yet saw one of them do the least good, and that the greater the divergence in the direction of concentration and making things agreeable to the palate, the more useless does the medicine become.

I have often been asked by patients if they might substitute some mineral water, patent preparation of magnesia, etc., for the draught. There can be no harm in granting the request, as the patient is generally the first to find out that there has been a mistake. The moral effect of the victory gained by conquering man's natural repugnance to the unpalatable flavour of mineral waters, combined with that of superstitious faith in anything that issues from a mineral spring, may have some sort of influence; and some preparations of magnesia may take the place of the senna mixture for a brief time without any perceptible mischief; but I think that he who carefully weighs the facts of the case will incline to my belief in the superiority of the latter.

The pill and draught should be taken once or twice a week, as a somewhat free action of the bowels serves not only to favour toleration of the iodide, but to improve the health. Some persons are afraid that the continued use of such medicines must prove injurious. I believe the impression to be quite unfounded. There may be at the outset some depression after a brisk aperient, but the reaction which follows is generally attended by a feeling of relief, of greater fitness for work, mental or bodily, and better spirits; signs not at all likely to attend a prejudicial action of the medicine.

So soon as ever these symptoms are observed, the dose of the iodide and perchloride may be raised at the discretion of the practitioner. I seldom, in my own practice, go beyond five grains of the former, and an eighth of a grain of the latter, two or three times a day, and always stop short of setting up much irritation. The combined treatment is continued for four or five weeks prior to beginning with the mercurial bath, to be presently described, and, if possible, during the whole time it is employed.

Directly the dose of the iodide is increased the patient may begin to take a simple vapour-bath once or twice a week, and under any circumstances a course of these should precede the use of the medicated bath. Some of my readers may consider this precaution superfluous, but they have only to watch the progress of a few cases to satisfy themselves that the disappearance of any eruption is often directly accelerated by the vapour-bath. One author, indeed, who has tried both plans, goes so far as to affirm that the watery vapour is really the active agent in the calomel bath, and that it is the mercury which is superfluous. At any rate, the simple vapour-bath possesses one valuable property which, I think, few observing persons will refuse to accord to it—that of materially improving the condition of the skin itself, and thus very probably facilitating to some slight extent the removal of the syphilis. At one time the obstacles in the way of getting vapour-baths were so great, that, except in the case of a few persons who happened to be living near an establishment of this kind, the recommendation to employ them was inoperative; but now that a perfectly safe and portable vapour-bath can be procured for a small outlay, the difficulty no longer exists.

Having taken the simple vapour-bath for three or four weeks, the addition of mercurial vapour may be safely begun with. The quantity used at first should be very small—not more than five or ten grains of calomel for a bath—and should, I think, rarely exceed twenty grains. Some practitioners employ as much as sixty grains, but the action of this quantity is far too violent, and I have seen very painful and disagreeable lichen—threatening to run into eczema—result from it. Where the patient can conveniently resort to a bath properly fitted up for using mercury, this is, perhaps, the least onerous way of taking it. Mr Lee's bath is highly useful, and very reasonable in price. A decided improvement

is, however, to substitute the flannelled mackintosh, made by Messrs Walters and Co., for the blanket. It confines the vapour better, and averts the dirty marks caused, when mackintosh alone is used, by a deposit of black sulphuret of mercury, due, I suppose, to decomposition of the calomel by the sulphur in the waterproof; or the calomel can be volatilized by strewing it on a small round plate of tin placed on the bearing ring of the portable vapour-bath lamp. In that case I advise the patient first to take a thoroughly hot vapour-bath for ten minutes or so, then to rise, dry himself, place the calomel over the re-lighted lamp, and cover himself well with the flannelled mackintosh. He thus preserves himself thoroughly warm, with a moist skin, without excessive perspiration, and gets a bath without serious fatigue or waste of time.

The bath is taken at first twice a week for a fortnight, then three times a week for another fortnight, and after that every night till, in the judgment of the practitioner, the disease seems to be effectually stamped out,—that is to say, till all manifest signs of persistence or recurrence have disappeared, and clear indications of the action of the mercury have been present for some little time. I do not find it often necessary to order in general more than about eighteen or twenty baths for this purpose. Doubt has been, as I said, cast upon the action of the mercury here, on the ground that pounds of calomel ointment may be rubbed in without producing any salivation, that the calomel is deposited on the skin in a crystalline form quite unsuited for absorption, and that the eruptions of syphilis will die out under the influence of mere watery vapour. Upon hearing this I determined to make some special investigations, and have been led to conclude that the objection is unfounded, and that the mercury, thus given, has an unmistakable action on the system, even when only applied to the skin and not inhaled at all. I also questioned the bath attendant, a very intelligent and observing woman, who has been giving baths to my patients for years, and who has had excellent opportunities of watching the action of both kinds of vapour on the skin. Her testimony was unequivocally to the effect that the mercury was more powerful than the water, and that she had repeatedly seen a “rash,” refractory to simple vapour, begin to disperse as soon as ever calomel was resorted to. This statement refers exclusively to the action of these remedies on the skin alone; for though always I direct the patient to inhale, I seldom do so till he has taken half-a-dozen baths.

The baths being taken, the patient is, after an interval of one clear day, put through a course of Zittmann’s decoction, lasting for eight days. The reader may think this the most extraordinary part of the whole proceeding, and I admit that it looks so; in fact, it seems rather outrageous to subject a patient to eight days’ purging for secondary disease; yet I always do so where I can obtain his consent. If he will not consent, I wash my hands of all responsibility, as pretty ample observation has convinced me, that while the plan in



its entirety is not infallible, there is no safety for the patient if it be left incomplete. As I always have syphilitic patients under my care, I have been able to watch the influence of this part of the treatment quite fully enough to form an opinion by this time; and after more than four years of almost unbroken observation, I feel that the observations justify me in speaking of the purging as essential.

Some time ago, after I had satisfied myself on this point, I began a series of experiments with the view of ascertaining to what features in its composition the value of the decoction is due, and have every reason to believe that the senna is the sole essential ingredient, and that it owes its value to being given highly diluted and in large bulk, and accompanied by great mixture of liquorice and aromatics. Consequently, I have one after another weeded out many of the ingredients. First, the sarsaparilla may be withdrawn, unless the great faith in its virtues outweigh the objections that it is useless and costly. The antimony and mercury are, I think, entirely useless. There is no necessity for nausea, and any power of setting up perspiration possessed by the former is left quite in the background by the action of the vapour-bath; the mercury is, I submit, better given separately, if required at all, which is rather doubtful. The carminatives may be reduced to one or two, such as cinnamon or cardamoms, or both, and the alum and sugar can be discarded; at least, I observed no diminution in the efficacy of the decoction from omitting these. Dividing the process into the two stages, expressed by the cold and warm decoction, looks rather like some astrological ceremony, or the preparation for going through a magical performance, and may be abolished at once; neither is it in the least degree necessary for the patient to drink three quarts a day; reducing the whole bulk to a pint daily is much more rational, and even this proves far too irksome to most persons, so that for some time past I have been steadily reducing the bulk of the decoction. At the same time, whatever is deducted in this way should be made up in another, and I find this easily effected by directing the patient to drink a cup of tea after the first half of the dose taken before breakfast, and a like quantity of beef-tea, chicken broth, or veal broth after the second half, which should follow the breakfast.

In this way the essential features of the Zittmann treatment are preserved, while it is more adapted to the exigencies of modern life. So many appliances are now to be found for warming fluids and procuring such things as beef-tea, hot, at any time requisite, that a bachelor in his chambers can carry out all that is really requisite quite as well as a patient in a hospital. Free purging there must be. I have seen very unsatisfactory results too often, when modifying the treatment to suit the emergencies of the patient's occupation, to trust again to anything short of this. An action which produces less than three, four, or five stools daily, I have learned by experience to regard as thoroughly insufficient; and when the



decoction does not effect quite this, I never hesitate to prescribe an aperient pill every two or three nights. The decoction should always be taken warm; and when the patient can remain in bed during the early part of the day, and confine himself to the house in the evening, especially during cold and wet weather, I think he undoubtedly recovers more quickly and thoroughly.

After the course of the decoction has been gone through, dilute nitro- or nitro-hydrochloric acid, or dilute phosphoric acid, in some bitter tincture or infusion, should be given if the patient suffers from loss of appetite and debility. I suppose all belief in the anti-venereal properties of such medicines has long faded away, even if it were ever entertained by sober-minded persons since the days of Helenus Scott; but I think there can be no doubt that they materially improve the health; and unless the patient is too tired of medicine to take anything more,—which is one of the most probable things in the world,—they may be prescribed with the most confident prospect of doing good.

What I have now to add will perhaps awaken more censure and opposition to the treatment than anything else, and that is, that the patient must go through another course of the same kind, but a very short one, at the end of three months, and again at the end of six months after that. This may appear intolerable to some persons; if so, I am sorry for it, but the truth must be stated. The nature of the disease is to return, and the only safe plan is to anticipate the relapse. I do not, however, generally find it requisite to order more than a very short course; three or four weeks of the medicine, raising the dose much more rapidly than at first, half-a-dozen to a dozen baths taken every night, and a four or five days' use of the purgatives, suffice, in most cases, to do all that is requisite.

But all directions as to remedies, external and internal, the modes and times of using them, are liable to be defeated, unless the patient will observe a strictly regulated diet, and conform to the dictates of prudence. The diet should be good, without being heating or over high. I do not know whether it is necessary to define what this really means; but as it may be thought rather vague, it will perhaps be better to say, that the food should include but a very moderate amount of meat, and that such things as pork, goose, strong heating soups like mulligatawney, curry, shell-fish to any great extent, too much salmon, etc., should be excluded. Plenty of good milk, good bread, and pudding of tapioca, rice, and Chapman's flour, and mutton broth, are most desirable ingredients. Beer of all kinds, spirits, unless it be occasionally a small quantity of pure Hollands, and all strong brandied wines, should be banished at once. Sound, thin, red wine, such as good claret, burgundy, Carlowitz, and Australian red hermitage, is, I think, by far the most suitable. By conforming to the dictates of prudence, I mean that the patient should sedulously abstain from all unnecessary exposure to cold and rain, from late hours, and excesses of every kind.

This comprises all that is necessary to form the basis of treatment. Of course there are, especially in the tertiary stage, many complications which require additional means, particularly when we only see the patient after mercury has been used, such as blistering in nodes, cauterizing in sore throat, evulsion of the nails for onychia, the removal of dead bone, etc. These are matters of practice which, if discussed in detail, would carry me far beyond all reasonable limits, and I therefore forbear to enter upon them. I must equally refrain from going into the statistics of cure and failure, and content myself with saying that I have seen no system succeed nearly so well, that I have not had so far a single instance of failure or relapse after the full course where I have treated the case from the beginning, and but a small percentage of bad results in cases previously uncured by mercury; and that it is equally applicable to any stage of the disease, and, so far as I can judge, any severity of symptoms.

The reader will perhaps ask if I propose to recommend this method in every case of constitutional syphilis; to which I reply, that I most certainly do, unless the patient consents quite unconditionally to take upon himself the responsibility of failure from doing otherwise. The surgeon's task is to exorcise the demon of syphilis; and, as concerns the majority of cases, I think that is best done by early and energetic treatment. Of the two errors, it is better to err on the side of safety, and safety is only to be found by looking on all cases as dangerous. Granted that a few persons throw off the disease by the inherent strength of their constitutions; they are, after all, exceptions; and any system of treatment, founded on exceptions, is as unsteady as a pyramid standing on its apex.

He may also ask if I can explain how the treatment acts; a question which may be met at once by saying that I know nothing about it. Possibly the wonderfully elastic properties of the humoral doctrine will admit of its being adapted to the case, and there is always the elimination of the virus and the emunctory property of the mercury to fall back upon. True, the humoral doctrine wants a foundation to stand upon, but that shrewd observer, Sir Benjamin Brodie, tells us that this does not interfere with the vitality of a hypothesis, which will continue to exist long after the slender foundation on which it originally rested has melted away. This may be thought improper levity, but really I do not see how the doctrine is to be met in any other manner. Reasoning and experiment are alike lost here. A chancre has been cut out, the blood from the spot unsuccessfully inoculated, and yet the chancreous action has reappeared. There is no evidence that the contamination of the blood is lessened by copiousness of eruption, but plenty of evidence that there is no visible connexion between the severity of secondary disease and the state of the circulating fluid. The supposed elimination of the virus from the blood goes on long after there is any virus to be eliminated; for we see

it in its most formidable and destructive shape in tertiary syphilis, when neither the blood can be inoculated or auto-inoculated, nor can the disease be conveyed by contact, connexion, or descent. Yet with these facts before them, with the full knowledge that they cannot demonstrate the first stage in the hypothesis which they use so freely, and that to verify what they so unhesitatingly advance would require powers of sight and comprehension not possessed by the human race, there are men who constantly speak of elimination and blood-poisoning as though they were speaking of something established beyond doubt.